



HEAD OVER HEELS GYMNASTICS
 412 Washington Street . Norwell, MA . 02061
 ph:781-659-3378 fax:781-659-9773
 www.HeadOverHeelsMA.com



Class Enrollment Form

| Name | M/F | D.O.B. | Class & Length | Day & Time |
|-----------|-----|--------|----------------|------------|
| 1st Child | | | | |
| 2nd Child | | | | |
| 3rd Child | | | | |

Family E-mail _____

Confirm E-mail _____

Parent #1 Name _____ Contact # (_____) _____

Parent #2 Name _____ Contact # (_____) _____

Address _____ City/Town _____ Zip _____

Emergency Contact (other than parent) _____ Emerg. #(_____) _____

Any information you provide will help us to better teach your child. Please list any limitations such as hearing problems, attention deficit, motor skill issues, prior injuries, etc. Please let us know of updates throughout the year.

Allergies requiring an Epi-Pen or Inhaler: _____

Physical limitations or situations: _____

REGISTRATION INFORMATION

Start date _____ #of cl. _____

MEMBERSHIP FEE: \$30.00 1ST CHILD, \$55.00 Family

Total Membership Fee: \$ _____

Membership Fees are NON-REFUNDABLE and are due upon registration.

TUITION #1: \$ _____

Payment Method:
(choose one)

- ____ Pay by cash, check, or credit card.
- ____ Automatic credit card billing. Payments will automatically be deducted from your card # on file. Includes 10% off year's tuition.

#2: \$ _____
 #3: \$ _____
 Total : \$ _____

Automatic Credit Card Billing: Name on card _____ MC / Visa

Card # _____ - _____ - _____ - _____ Exp. Date _____ / _____

AUTHORIZATION

I _____, Parent/Guardian of _____, hereby give permission to said son/daughter to participate in the activities at Head Over Heels Gymnastics Inc.. I understand that gymnastics is a sport that involves height and rotation of the body, therefore, there are inherent risks involved. I hereby testify to my son/daughter's sound health of mind and body. I authorize the Head Over Heels Gymnastics Inc. to seek medical treatment at the nearest medical facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Photo Opportunities: During the course of the year, there are many photo opportunities your child may be exposed to either at Head Over Heels Gymnastics, during away meets, gym events, etc. Photos may be used for newspapers, our website, posted in the gym, etc. If you do not want your child's picture used in any public forum - please indicate by submitting written notice stating such - include name, class day, class time and signature.

By Signing below, I fully understand and comply with the above as well as Head Over Heels Gymnastics Inc. Rules and Policies.

Signature of Parent/Guardian _____

Date _____